

**RECEIVED
CENTRAL FAX CENTER**

SEP 25 2007

COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE

2 Pages Via Facsimile: 571-273-8300
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on September 25, 2007

[Signature]
Caleb P. Black Reg. No. 37,912

Regarding the following Application:

Applicant(S): BASSON, Gaf et al. Examiner: BOCURE, TESFALDET

Serial No./ 10/812,385 Group Art Unit: 2611
Patent No.:

Filed/Issued Date: March 30, 2004 Attorney Docket No.: P-6583-US

Title: DEVICE, SYSTEM AND METHOD FOR WIRELESS COMBINED-SIGNAL COMMUNICATION

Please find:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> Provisional Cover Sheet
2. <input type="checkbox"/> Utility Patent Application Transmittal
3. <input type="checkbox"/> RCE Transmittal Sheet
4. <input type="checkbox"/> Fee Transmittal Sheet
5. <input type="checkbox"/> Patent Application Under 35 USC 111(a)
 <input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b)

6. <input type="checkbox"/> Transmittal Sheet for Entering National Phase
 Containing:
 ____ Pages of Specification
 ____ Pages of Claims
 ____ Page of Abstract
 ____ Pages of Formal Drawings
 ____ Pages of
 ____ Pages of

7. <input type="checkbox"/> Signed Declaration & Power of Attorney
8. <input type="checkbox"/> Request for Correction of Recordation of Assign. and:
 - Recordation Cover Sheet
 - Copy of Notice of Recordation of Assign.
9. <input type="checkbox"/> Recordation of Assign. Cover Sheet & Signed Assign.</p> | <p>9. <input type="checkbox"/> Response to Notice to File Missing Parts
10. <input type="checkbox"/> Response to Notice of Incomplete Reply
11. <input type="checkbox"/> Request for Correction of Filing Receipt
12. <input type="checkbox"/> Information Disclosure Statement including:
 - Form PTO/SB/08 and references _____
13. <input type="checkbox"/> Preliminary Amendment
14. <input type="checkbox"/> Response to Office Action
 dated _____
15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time
16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____
17. <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Publication Fee
18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of
 ____ Sheets containing Figs. _____
19. <input type="checkbox"/> Copy of Priority Doc.
20. <input type="checkbox"/> Claim for Convention Priority
21. <input type="checkbox"/> Revocation and Power of Attorney, including:
 - Statement Under 37 CFR 3.73(b)
 - Copy of Assignment
22. <input checked="" type="checkbox"/> Other: Change of Correspondence Address</p> |
|---|--|

RECEIVED
CENTRAL FAX CENTER

SEP 25 2007

Please type a plus sign (+) inside this box →

PTO/SB/122 (11-98)

Approved for use through 6/30/99. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF
CORRESPONDENCE ADDRESS
ApplicationAddress to:
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/812,385
Filing Date	March 30, 2004
First Named Inventor	BASSON, Gal
Group Art Unit	2611
Examiner Name	BOCURE, TESFALDET
Attorney Docket Number	P-6583-US

Please change the Correspondence Address for the above-identified application
to: Customer Number

49444

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Pearl Cohen Zedek Latzer, LLP

Address

1500 Broadway

Address

12th Floor

City

New York

State

New York

ZIP

10036

Country

U.S.A.

Telephone

646-878-0800

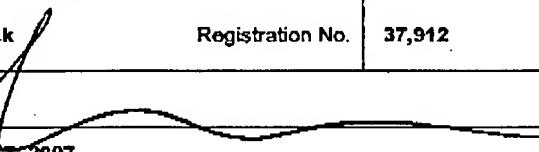
Fax

646-878-0801

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant
- Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- Attorney or agent of record.

Typed or Printed Name	Caleb Pollack	Registration No.	37,912
Signature			
Date	September 17, 2007		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.